Abstracts

Conclusions Even though we can’t compare groups, we can see a tendency of oncological behavior between them. Time to relapse was longer in LARH, without distant metastasis or deaths. Adenocarcinoma seems to have worst outcomes. We need more follow up and more patients to evaluate if this combination of techniques is safer than the MIS.

Objectives The objective of this study was to determine the timing and treatment duration of definitive radiation therapy and the factors affecting its delivery to women with cervical cancer in a tertiary referral hospital in the Philippines.

Methods This was a single center, retrospective study performed among 107 women with newly-diagnosed, biopsy- or locally-advanced cervical cancer (FIGO 2018 stage IB3 – IVA) seen from January 1 to December 31, 2019 and received radiation therapy. Individual medical records were reviewed to retrieve demographic information, pertinent clinical data, treatment details, and disease status of each patient.

Results Out of 456 new cases referred to the subspecialty clinic, 329 (72%) were candidates for concurrent chemoradiation (CCRT) and brachytherapy (BT). Only 107 (32.5%) women have received treatment at the time of the study. Among these, 51 (48%) completed treatment, while 28 (26%) received external radiation therapy only, and another 28 (26%) were still ongoing primary treatment. The median interval from first clinic consult to initiation of treatment was 85 days. The median total treatment duration was 81 days. Furthermore, only 4 women (8%) completed treatment within 56 days.

Conclusions This study showed that there was substantial delay in initiation and protraction in delivery of definitive radiation therapy in our cohort. Due to the severe imbalance of patients with ideal and protracted treatment duration, no factors were identified affecting radiation therapy delivery. Still, apart from supplementing the existing institutional infrastructure, other opportunities to improve the gaps in treatment planning and delivery were identified in this study.

Objectives Little is known about the patterns of chemotherapy use in women with cervical cancer. We examined chemotherapy use in the primary setting and at the time of first recurrence.

Methods We identified patients in the IBM MarketScan database with cervical cancer who underwent first-line hysterectomy or radiation therapy between 2011–2020. The use of clinically relevant therapeutic regimens was determined in the primary setting and at the time of first recurrence.

Results We identified a total of 5390 patients: 2667 (49.5%) underwent primary hysterectomy and 2723 (50.5%) received primary radiotherapy. Among patients who underwent primary hysterectomy, 36.7% received adjuvant radiation, and 23.1% received primary chemotherapy. The most common chemotherapy regimens were single agent platinum (51.7%), platinum combination therapy (35.2%) and non-platinum drugs (3.4%). Among patients treated with primary radiation, 73.6% received primary/concurrent chemotherapy, either platinum alone (66.4%), platinum in combination with another agent (32.2%), or non-platinum drugs (1.4%). The median duration of primary chemotherapy was 1.2 months. Therapy for recurrent cervical cancer was initiated in 959 patients. The most commonly used regimens were platinum combination (63.9%), non-platinum cytotoxic agents (16.3%), single platinum agent (14.9%), targeted therapy with bevacizumab (6.0%) and immunotherapy with pembrolizumab (3.2%). The median duration of first-line chemotherapy for recurrence was 2.5 months (IQR, 1.2–5.1 months).

Conclusions Platinum-based chemotherapy is the most commonly used therapy in patients with cervical cancer in the primary setting and at the time of recurrence. The rate of utilization of non-platinum agents at first recurrence has increased over time.

Objectives To analyze the main statistical indicators for cervical cancer in the Republic of Uzbekistan.

Methods The object of the study was statistical data on cervical cancer in Uzbekistan annual official report – ‘Information on diseases of malignant neoplasms’.

Results In the structure of the general oncological incidence, cervical cancer takes 3rd place, accounting for 7.1% of all newly diagnosed malignant neoplasms. At the same time, in the structure of oncological morbidity among women, cervical cancer occupies the 2nd place (12.1% of all new cases of malignant neoplasms). In 2021, 1827 new cases of cervical cancer were detected in the Republic, and the incidence rate was 5.3 per 100 thousand population. There were 66.1% cervical cancers in stages I-II, and 28.6% in III-IV stages. By the end of 2021, there were 9591 patients with cervical cancer. In the Republic, 1008 patients died from cervical cancer, while the mortality rate per 100 thousand population was 2.9. At the same time, in the overall structure of oncological mortality, cervical cancer takes 5th place, accounting for 6.9% of
all deaths from cancer, and among women, cervical cancer ranks 2nd (12.6% of all deaths of malignant neoplasms).

Conclusions The analysis showed that cervical cancer takes a leading position in the structure of oncological morbidity and mortality in the Republic of Uzbekistan. There are almost 10 thousand patients with cervical cancer in Uzbekistan. About one-third of primary patients with cervical cancer were diagnosed at early stages I-II, and just over 28% of patients were diagnosed at stages III-IV of the disease.

Abstract EPO57/#158

Real-World Patient Profiles, Treatment Patterns, and Outcomes Among Recurrent, Persistent, and Metastatic Cervical Cancer Patients

1Mugdha Gokhale*, 2Rebekah Yu, 3Matthew Monberg, 4Lincy Lal, 5Rebekah Yu, 1Matthew Monberg, 1Lin Fan, 2Rich Declue, 3Keith Knapp, 4Lincoy Lal. 1Merck & Co., Inc., Center for Observational and Real-World Evidence, Raleigh, USA; 2ConcertAI, Rue Sciences, Memphis, USA

Objectives Real-world evidence among advanced cervical cancer (aCC) patients in the US is limited. This study evaluated patient characteristics, treatment patterns, and clinical outcomes among aCC patients under routine clinical care.

Methods This retrospective study used the ConcertAI Oncology Dataset which draws from US oncology electronic medical records. Patients were ≥18 years, diagnosed with persistent, recurrent, or metastatic cervical cancer, and initiated systemic anti-cancer therapy between August 2014 and June 2021.

Descriptive statistics were generated for patient characteristics and treatments. Kaplan-Meier product limit estimator was used to characterize time on treatment and real-world overall survival (rwOS).

Results There were 325 patients with median age 51.5 years, 70.5% were White, and 47.7% were stage IVB at diagnosis. About 68.0% initiated bevacizumab in first line (1L) (Bev1L), 10.2% in 2L/3L (Bev2L/3L), and 21.8% did not receive bevacizumab (NoBev). The NoBev group was generally older and had more comorbidities, compared to patients on bevacizumab (table 1). Overall, the most common regimen received in 1L was bevacizumab-carboplatin-paclitaxel (38.5%), with median duration 3.51 months, followed by bevacizumab-cisplatin-paclitaxel (19.7%) with median duration 3.48 months, and carboplatin-paclitaxel (10.5%) with median duration 2.31 months. Median rwOS from 1L start was 16.5 months [95% CI: 14.2, 19.9] overall, and generally higher in patients receiving bevacizumab (Bev1L) 17.9 [14.5, 21.4] months, Bev2L/3L 16.0 [10.8, 43.6] months, and NoBev 10.5 [7.4, 32.7] months.

Conclusions This study highlights burden of disease and unmet need for specific treatments in the real-world recurrent, persistent, and metastatic cervical cancer patients in the US.